

AFFIDAVIT OF ELIGIBILITY

PUBLIC SERVICE COMMISSION - UNIVERSAL SERVICE FUND TELEMEDICINE EQUIPMENT PROGRAM

Grant applicants must fill out either Section A or B, and Section C of this form. Applicants must sign and date the certification statement below. Please circle the accurate response for your organization.¹

A. For applicants that claim eligibility as a nonprofit medical clinic or facility (must meet all three requirements):

YES NO Applicant is a nonprofit organization governed by a board of directors.

YES NO Applicant serves federally designated health professional shortage areas as defined in 42 U.S.C. § 254e(a)(1) or medically underserved areas or medically underserved populations.

YES NO Applicant provides services to all patients regardless of insurance status or uses a sliding fee scale for uninsured patients based on income status.

B. For applicants that claim eligibility as a public health agency (must meet one of the three requirements):

YES NO Applicant is part of the Wisconsin Department of Health and Family Services.

YES NO Applicant is a local health department as defined in Wis. Stat. § 250.01(4).

YES NO Applicant is a health care facility or program operated by a tribe or tribal organization under the Indian Self-Determination Act (25 U.S.C. §§ 450f et seq.).

C. For all applicants for the Telemedicine Equipment Grant Program:

YES NO The applicant hereby certifies that any grant dollars from the Universal Service Fund Telemedicine Equipment Grant Program will be used for the purpose granted.

I certify, under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge.

Signature of applicant representative

Name of applicant organization

Date

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¹ If applicant does not meet the conditions in Section A or B above, but asserts that it should nonetheless be considered eligible for the telemedicine equipment grant program, information supporting such a conclusion should be attached as part of this affidavit.